

FEE \$98 FOR EACH VEHICLE
APPLICANT MUST FILL OUT
THE FORM COMPLETELY



Department of Public Safety
Office of State Fire Marshal
52 State House Station
Augusta, ME 04333-0052

Tel. 207-626-3880

Fax: 207-287-6251

USER NO.

APPLICATION FOR VEHICLE INSPECTION - TRANSPORT FIREWORKS

COMPANY INFORMATION

| | |
|---|-------------------------------|
| NAME OF COMPANY: _____ | CONTACT PERSON: _____ |
| ADDRESS: _____ | TELEPHONE NO.: _____ |
| TOWN/CITY: _____ STATE: _____ ZIP: _____ | TELEPHONE NO.: _____ |
| TELEPHONE: _____ | TIMES AVAILABLE: _____ |
| FAX: _____ | |

VEHICLE INFORMATION

| | |
|---------------------------------------|---|
| MAKE: _____ YEAR: _____ | VIN #: _____ |
| MODEL: _____ | REGISTRATION #: _____ |
| TYPE: _____ | LOCATION OF CARGO AREA: _____ |
| GROSS VEHICLE WEIGHT: _____ | DVM INSPECTION CURRENT? YES NO CIRCLE ONE |

INFORMATION FOR APPLICANT

The vehicle must have the following material and information on board for the inspection:

1. Current DMV inspection sticker
2. Two tested and inspected fire extinguishers

for vehicles with less than 14,000lb. GVW combined capacity of 4-A: 20BC
for vehicles with more than 14,000 or greater GVW combined capacity of 4-A: 70BC

3. Proper mounting brackets and proper placards for Class A and/or Class B explosives
4. All required federal permits and licenses
5. A copy of the Current User Permit
6. Flame retardent or approved cover for protection of fireworks

| | | |
|---|--|---|
| ↓ DEPARTMENT USE ONLY ↓ | | |
| \$98 FEE RECEIVED, DATE: _____ | REQUEST SENT TO: _____ _____ INSP/INVEST _____ DATE: _____ _____ | INSPECTION DATE: _____ INSPECTED BY: _____ PERMIT ISSUED: _____ PERMIT NUMBER: _____ ISSUED BY: _____ EXPERATION DATE: _____ |
| PERMIT DENIED: <input type="checkbox"/> | | |
| MUST SUBMIT NEW REQUEST FOR INSPECTION: <input type="checkbox"/> | | |